



Department of
**Mental Health &
Substance Abuse Services**

Emerging drug abuse trends: Tennessee

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Background

At the 7/28/2016 Safety Subcabinet Meeting, the Tennessee Bureau of Investigation reported an increase in methamphetamine and heroin incidents.

This prompted a review of Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) treatment admissions and Redline calls to address the following questions:

- **What are the trends in admissions for treatment related to methamphetamine, heroin and opioids?**
- **Where do people who are seeking treatment for methamphetamine, heroin and opioids live?**
- **What are the trends in injection drug use?**

Executive summary

Methamphetamine highlights

- Use increasing among ages 25-44
- Use highest in rural areas
- Increase in injection drug use

Heroin highlights

- Use increasing among ages 25-44
- Use highest in urban areas
- Increase in injection drug use

Opioid highlights

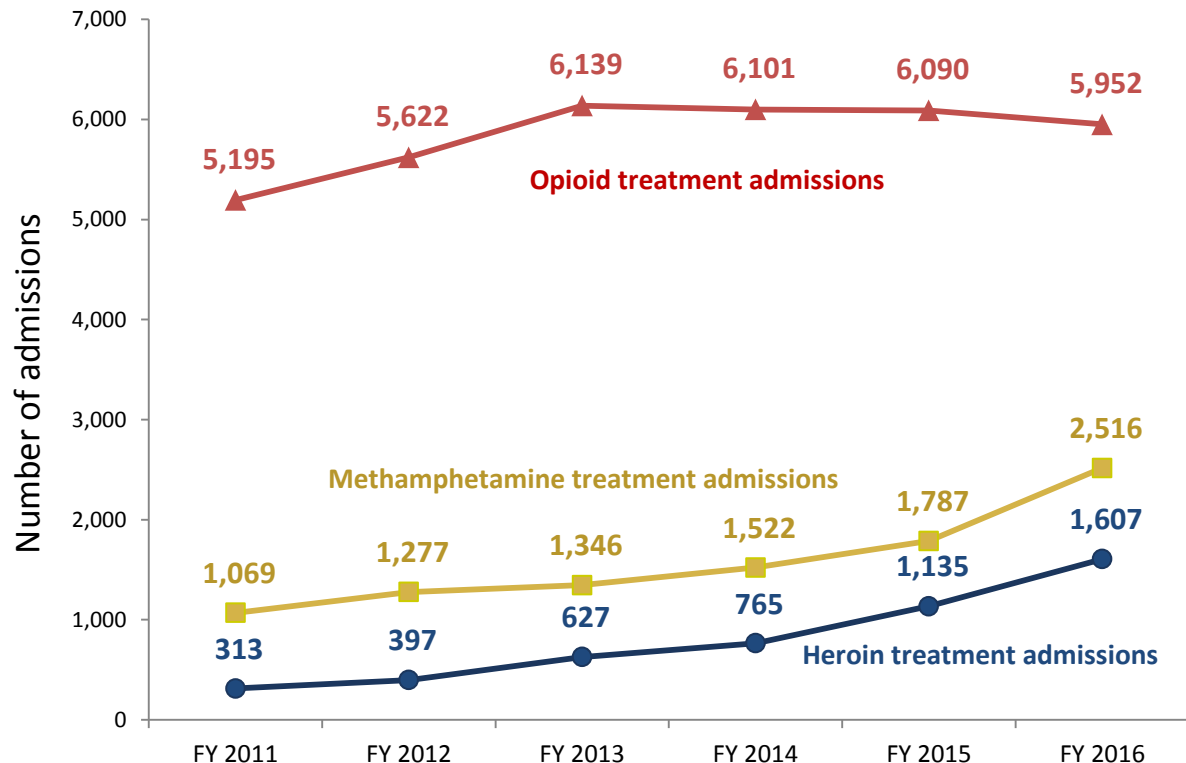
- Use increasing among ages 25-44
- Use lowest in urban areas
- Increase in injection drug use

Data notes

- TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living below the 133% poverty line and that have no insurance
- Evaluated TDMHSAS treatment admissions for which services were billed between July 2010 and June 2016 (FY 2011 – FY 2016)
- Considered four age groups: 12-17, 18-24, 25-44, 45+
- Up to three substances can be listed for each treatment admission and all three substances were included
- Opioid treatment admissions exclude heroin and methadone
- Rates calculated per 10,000 poverty population

Are there any trends in the abuse of methamphetamine, heroin and opioids?

Number of admissions by substance of abuse



Opioid treatment admissions have been declining since FY 2013 but are 15% higher than FY 2011 levels

Methamphetamine treatment admissions increased 135% between FY 2011 and FY 2016

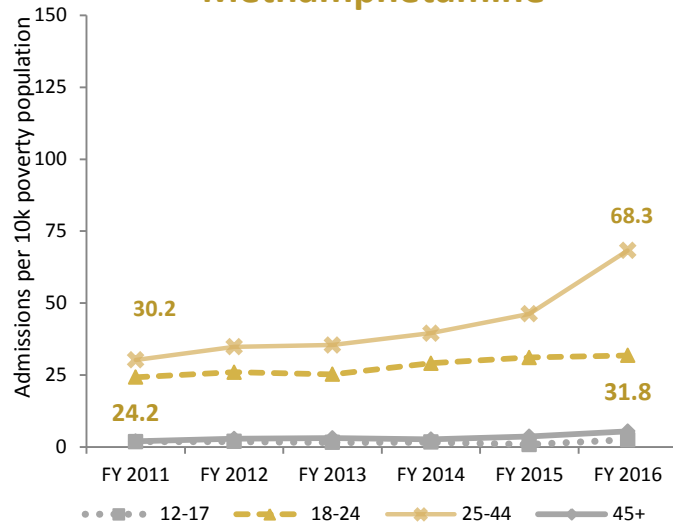
Heroin treatment admissions increased 413% between FY 2011 and FY 2016

Source: Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016

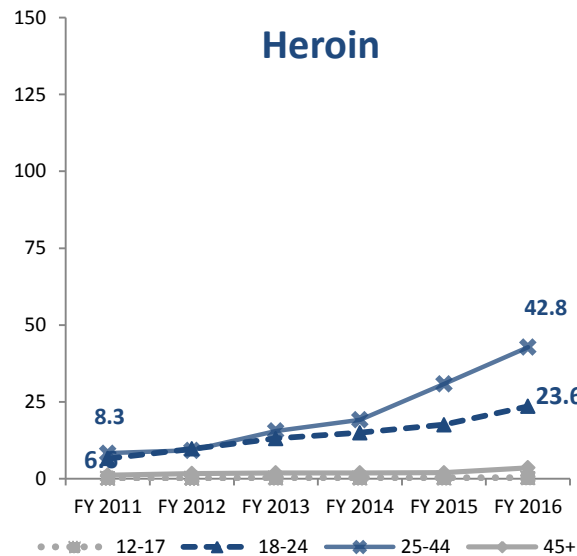
Notes: (1) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living below the 133% poverty line and have no insurance. Up to three substances can be listed for each treatment admission and all three substances were included; (2) Opioid treatment admissions exclude heroin and methadone.

How has abuse of methamphetamine, heroin and opioids changed by age group between FY 2011 and FY 2016?

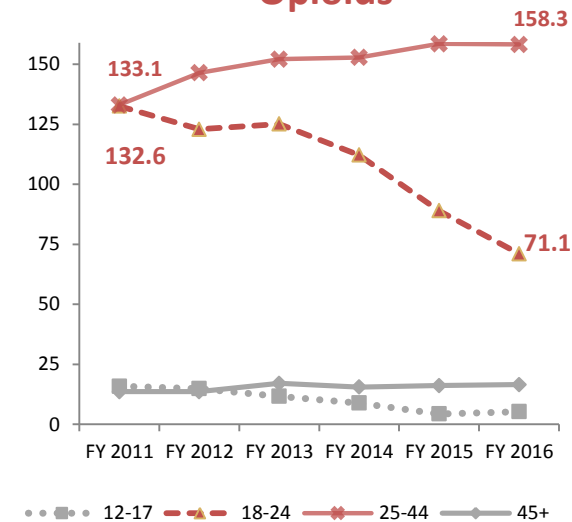
Methamphetamine



Heroin



Opioids



Methamphetamine

Ages 25-44 ↑ 156%

Ages 18-24 ↑ 51%

Heroin

Ages 25-44 ↑ 484%

Ages 18-24 ↑ 308%

Opioids

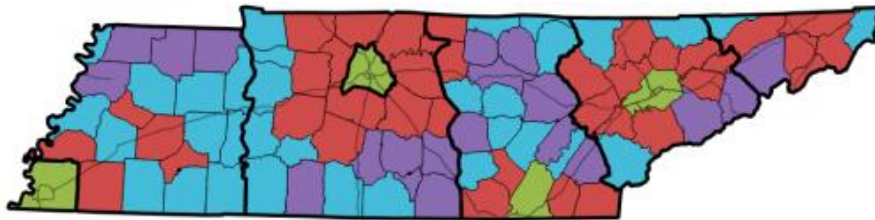
Ages 25-44 ↑ 35%

Ages 18-24 ↓ 62%

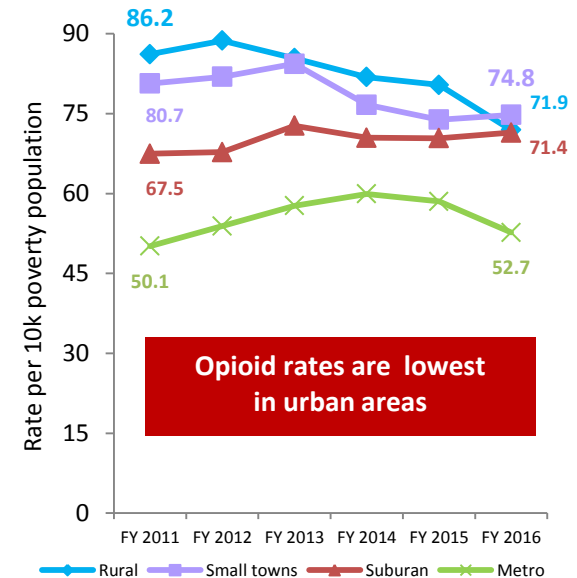
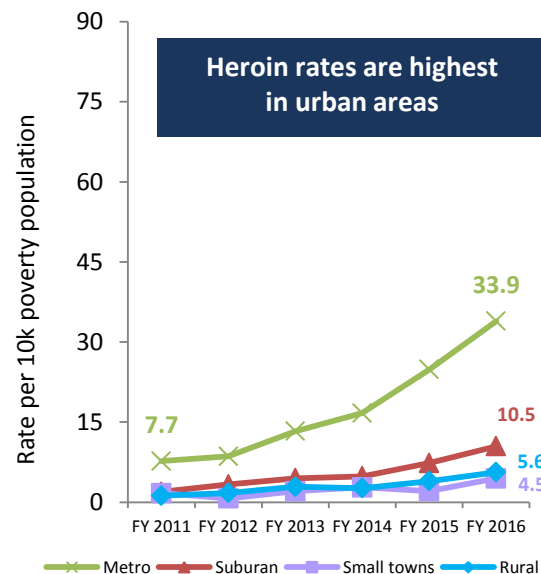
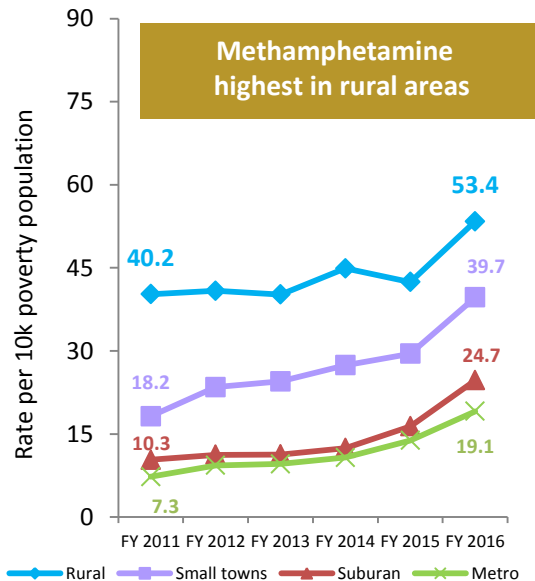
Source: Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016

Notes: (1) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living below the 133% poverty line and have no insurance. Up to three substances can be listed for each treatment admission and all three substances were included; (2) Opioid admissions exclude heroin and methadone.

What population areas do people who are seeking treatment for methamphetamine, heroin and opioids live in?



■ Metro counties (Shelby, Davidson, Knox, Hamilton)
■ Suburban counties
■ Small town counties
■ Rural counties

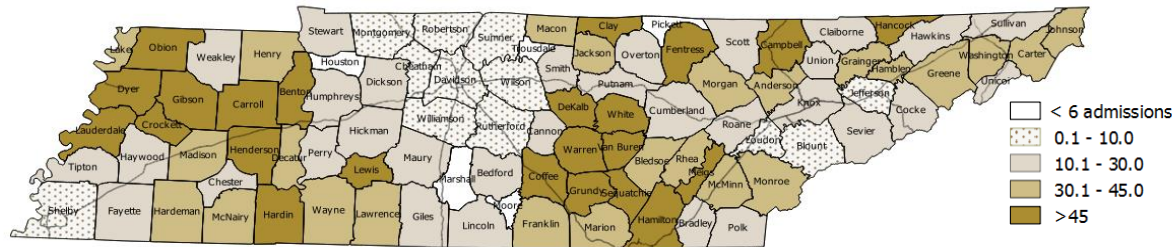


Source: Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016

Notes: TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living below the 133% poverty line and have no insurance. Up to three substances can be listed for each treatment admission and all three substances were included; (1) Urban = most populated counties; (2) Suburban = centered on an urban cluster with a population >50,000; (3) small town = centered on an urban cluster with a population 10,000 - 50,000; (4) not part of an urban cluster. (5) Opioid treatment admissions exclude heroin and methadone.

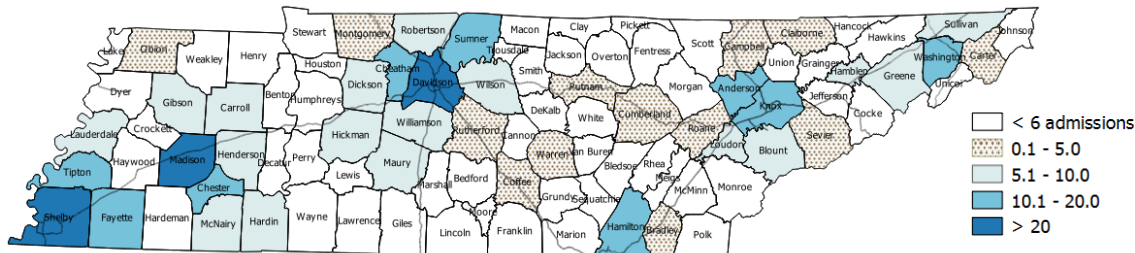
Where do people who are seeking treatment for methamphetamine, heroin and opioids live?

TDMHSAS methamphetamine treatment admissions per 10,000 poverty population: FY 2014 – FY 2016



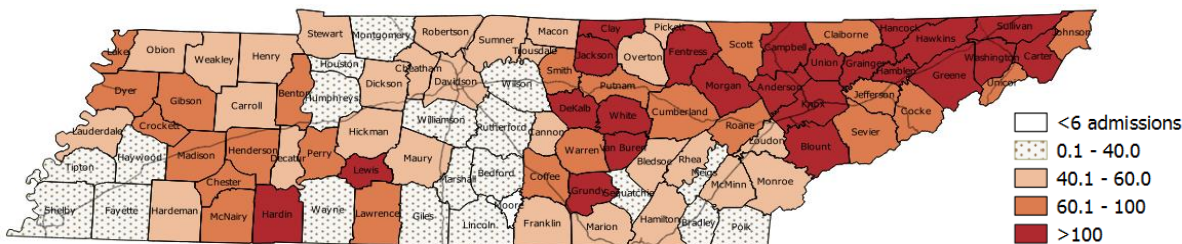
Methamphetamine highest in rural areas

TDMHSAS heroin treatment admissions per 10,000 poverty population: FY 2014 – FY 2016



Heroin rates are highest in urban areas

TDMHSAS opioid treatment admissions per 10,000 poverty population: FY 2014 – FY 2016



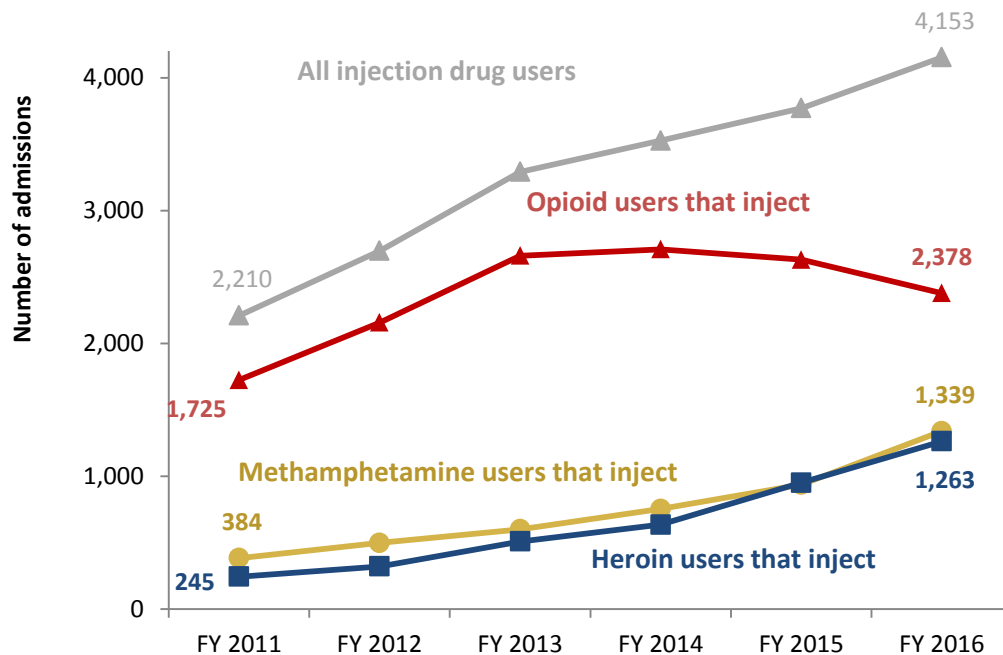
Opioid rates are lowest in urban areas

Source: Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016

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What are the three most common drugs injected and how has this changed between FY 2011 and FY 2016?

Number of TDMHSAS admissions by drug injected: FY 2011 - FY 2016



All injection drug use nearly doubled

The number of opioid users injecting increased 38%

The number of methamphetamine users injecting increased 249%

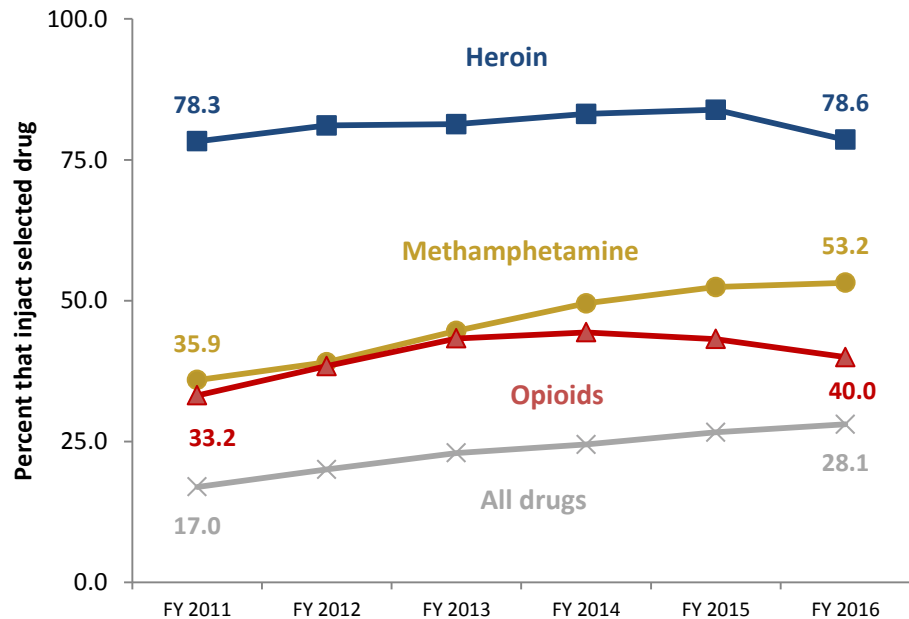
The number of heroin users injecting increased 416%

Source: Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016

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How have drug injection rates changed between FY 2011 and FY 2016?

Percent of TDMHSAS admissions citing injection drug use by substance injected: FY 2011 - FY 2016



Injection use among heroin users was consistently over 78%

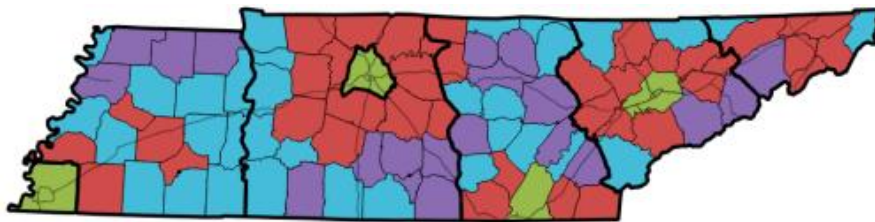
Injection use among methamphetamine users increased to 53%

Injection use among opioid users increased to 40%

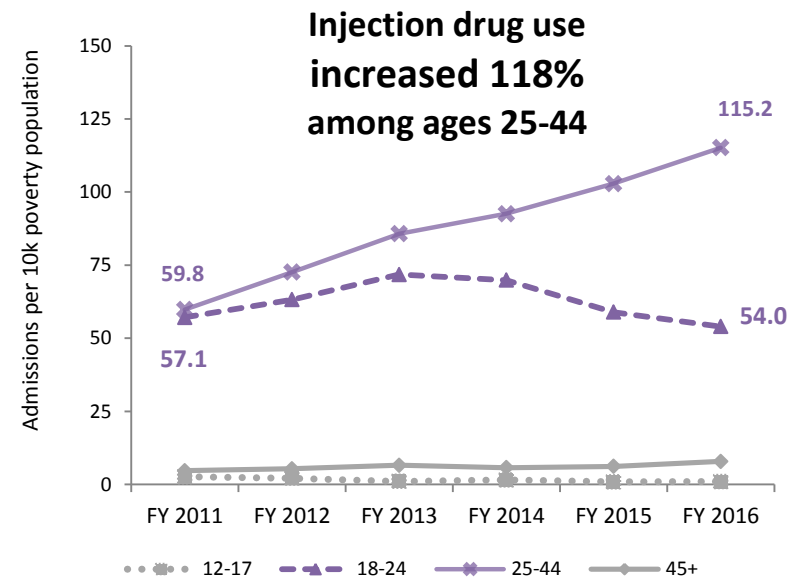
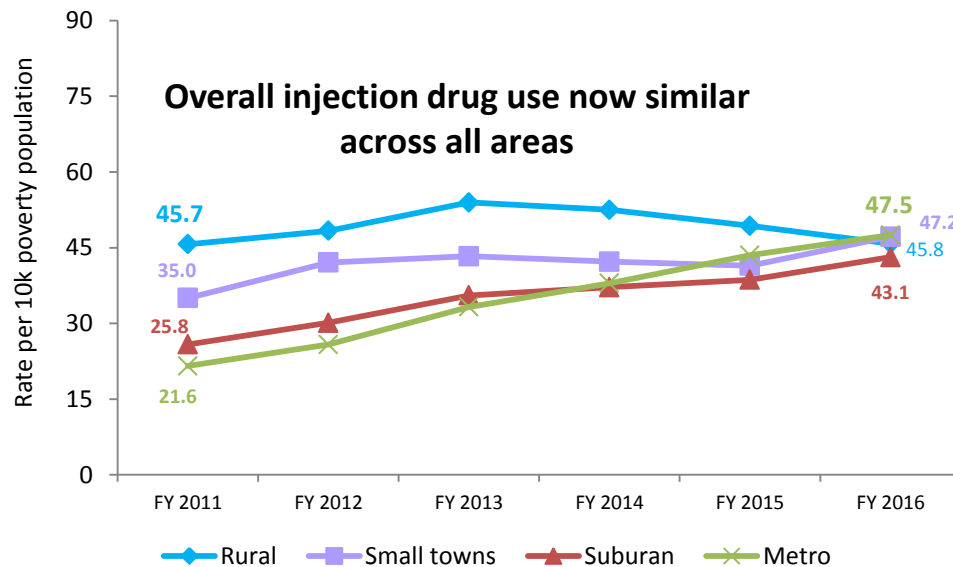
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How does overall injection drug use vary by population area and age of user?



- Metro counties (Shelby, Davidson, Knox, Hamilton)
- Suburban counties
- Small town counties
- Rural counties

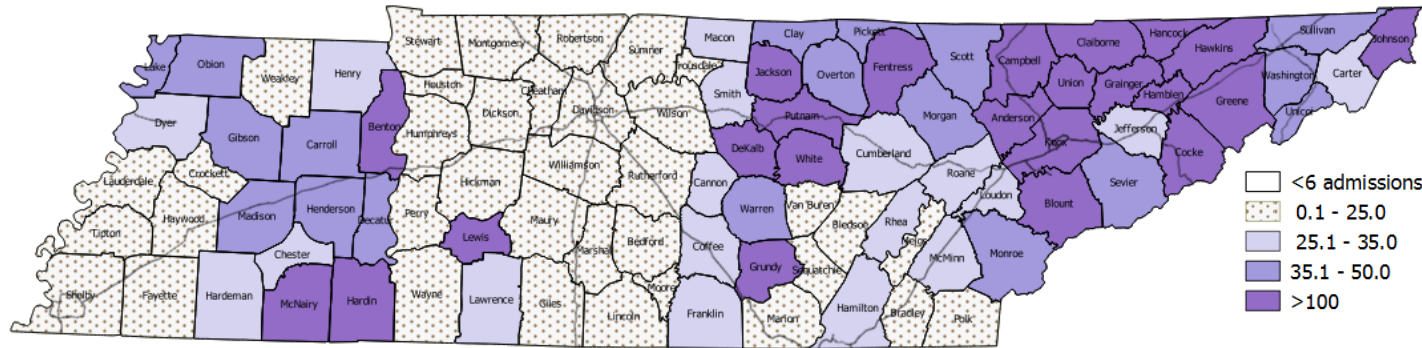


Source: Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016

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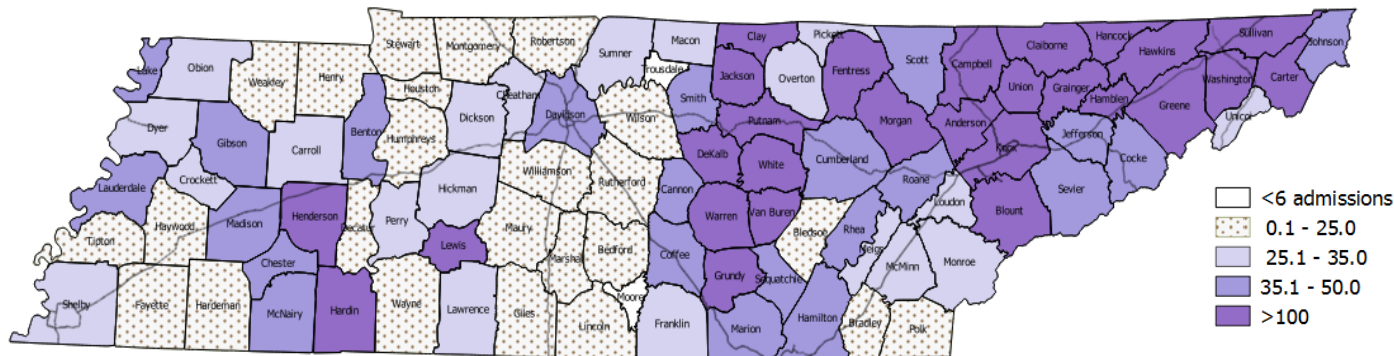
Where did people who inject drugs live in FY 2011 - FY 2013 compared to FY 2014 - FY 2016?

TDMHSAS injection drug use treatment admissions per 10,000 poverty population: FY 2011 – FY 2013



Drug injection use has increased in urban and suburban counties

TDMHSAS injection drug use treatment admissions per 10,000 poverty population: FY 2014 – FY 2016

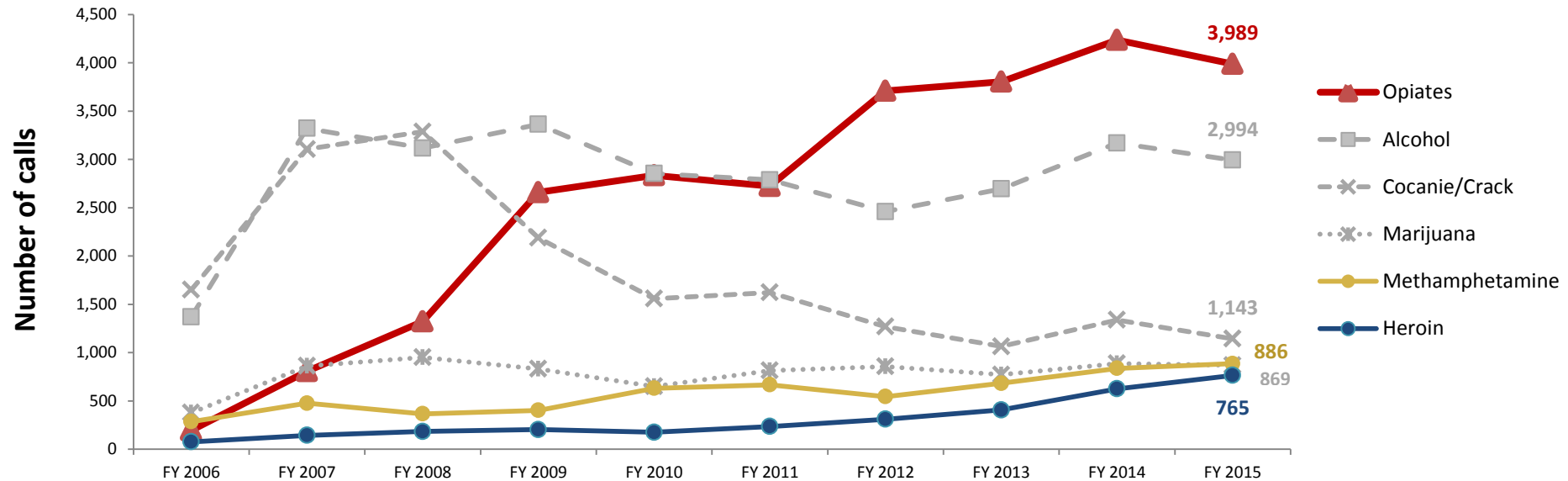


Source: Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016

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Are calls for information and referral increasing for specific substances?

Redline calls by drug of concern: FY 2006 – FY 2015



**Opioid calls
increased 19.6 times
between FY 2006 and FY 2015**

**Heroin calls
increased 9.7 times
between FY 2006 and FY 2015**

**Methamphetamine calls
increased 2.1 times
between FY 2006 and FY 2015**

Source: Tennessee Association of Alcohol, Drug and Other Addiction Services (TAADAS). Redline is a toll-free information and referral line coordinated by TAADAS and funded by TDMHSAS.